



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
33 HAZEN DRIVE
CONCORD NH 03305
TELEPHONE: (603) 271-2302
TDD Access: Relay NH 1-800-735-2964

ROAD TOLL REFUND APPLICATION
PRIVATE SCHOOL BUS OWNER
GASOLINE ONLY

FOR OFFICIAL USE ONLY:

CLAIM NUMBER:	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

IFTA LICENSE # _____
(IF APPLICABLE)
FEIN: _____
(IF APPLICABLE)

COMPANY NAME:
STREET:
CITY/TOWN:
STATE-ZIPCODE:
TELEPHONE NUMBER:
SCHOOL DISTRICT(S):

This is to certify that the above has purchased gasoline upon which the road toll has been paid and the gasoline purchased was subsequently used in motor vehicles used to transport students, in accordance with RSA 260:47 and RSA 260:52-b.

Period of _____ yr. through _____ yr.

APPLICANT'S CLAIM	
1. Total gallons, as per attached invoices	Gals.
2. Total miles for school districts:	
3. Total gallons used to transport students	Gals.
4. Miles Per Gallon	
5. Amount of refund (Line 3 times \$0.18)	\$

Original invoices, bearing the name and address of the supplier and the **NAME OF THE APPLICANT** together with evidence of payment must be attached. Invoices cannot be returned to the applicant.

Evidence of payment: Each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied. Evidence of erasures or changes in either dates or amounts shown on the invoices or evidence of payment shall result in the invoices being disallowed.

Per SAF-C 310.01 (f): "Motor fuel claimed on the refund application shall be the actual amount of motor fuel used by the applicant. Application for a refund shall be submitted quarterly by the last day of the first quarter following the last quarter included in the claim in accordance with RSA 260:47, III (a) which requires the same filing period for refunds as the filing deadline for federal excise taxes on fuels." **Minimum refund is ten dollars (\$10.00).** Applications for less than ten dollars (\$10.00) will **not** be accepted.

SIGNATURE:	TITLE:
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"This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."

GASOLINE USED FOR THE PERIOD OF _____ YR _____ THROUGH _____ YR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
VEHICLE LISTING	MAKE	YEAR	REG #/SERIAL # (REQUIRED)	GALLONS USED FOR SCHOOL DISTRICT TRAVEL	GALLONS USED FOR NON-SCHOOL DISTRICT TRAVEL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
			17 Totals		
			18 Transfer to Claim	Line 3 (on front)	
			19 Total Used Col. 5 + 6		
			<u>Must equal Line 4 Stock Record</u>		

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. TOTAL GALLONS USED (AS SHOWN ON LINE 19, COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINES 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINE 4, 5, 7, & 8-MUST EQUAL LINE 3)	

FOR OFFICIAL USE ONLY:

*** LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.